Image# 12951364205 PAGE 1 / 15

### **FEC** FORM 3Y

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORIW 3X	For Other Than An A	authorized Committe	ee		Office Use Only	
1. NAME OF	TYPE OR PRINT ▼	Example: If typir	na. type	10004345	Chied Cod Offiny	
COMMITTEE (in full)	·	over the lines.	.9, ., p =	12FE4M5		
PIEDMONT TRIAD A	NESTHESIA P A F	EDERAL PAC				
ADDRESS (number and street)	145 KIMEL PARK DRIVE	SUITE 120				
Check if different						
than previously reported. (ACC)	WINSTON-SALEM			NC L	27103	
2. FEC IDENTIFICATION N	UMBER ▼	CITY A	S	STATE A	ZIP COI	DE 🛦
C C00435651	3.	$\sim$	IEW N) <b>OR</b>	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	Report	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	lun 20 (M6)	Sep	Dec 20 (M12) (Non-Election Year Only)	
April 15 Quarterly Report (	Q1)		Jul 20 (M7)		20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (	(c) 12-Day PRE-Election	Primary (12P		General (		Runoff (12R)
October 15 Quarterly Report (	Report for the Q3)	: Convention (		Special (		
January 31 Year-End Report (	YE) Ele	ection on	D D /	Y   Y   Y   Y	in the State of	f
July 31 Mid-Year Report (Non-electi Year Only) (MY)	on (d) 30-Day POST-Election Report for the	· ·	a)	Runoff (3	0R)	Special (30S)
Termination Repor (TER)	t	ection on	D = D /	Y Y Y Y Y	in the State of	f
5. Covering Period 0	01 201	2 through	03	/ 0 0 /	2012	
I certify that I have examined t	his Report and to the best	of my knowledge and b	pelief it is true	e, correct and	complete.	
Type or Print Name of Treasur	•					
Signature of Treasurer Mr.	Theodore C. Fyock	[Electronically	Filed] Da	ate 04	/ 09 /	2012
NOTE: Submission of false, error	neous, or incomplete informa	ation may subject the pers	son signing thi	s Report to th	ne penalties of 2 L	J.S.C. §437g.
Office					FEC FOR	 M 3X
Use Only					Rev. 12/20	

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

### PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		48204.34
	(b) Cash on Hand at Beginning of Reporting Period	48204.34	
	(c) Total Receipts (from Line 19)	12000.00	12000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	60204.34	60204.34
7.	Total Disbursements (from Line 31)	23000.00	23000.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37204.34	37204.34
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

Report Covering the Period: From: 01	01 2012 To:		
I. Receipts	COLUMN B Calendar Year-to-Date		
. Contributions (other than loans) From:	-		
(a) Individuals/Persons Other			
Than Political Committees	12000.00	12000.00	
(i) Itemized (use Schedule A)	1200.00		
(ii) Unitemized	, 0.00	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	12000.00	12000.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry			
Totals to Line 33, page 5)▶	12000.00	12000.00	
. Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
. All Loans Received	0.00	0.00	
Loan Repayments Received	0.00	0.00	
. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)			
(Carry Totals to Line 37, page 5)	0.00	0.00	
Refunds of Contributions Made			
to Federal Candidates and Other		0.00	
Political Committees	0.00	0.00	
Other Federal Receipts	000	0.00	
(Dividends, Interest, etc.)	0.00	0.00	
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(ITOTH Scriedule 113)	0.00	0.00	
(b) Lovin Funda (from Cohodula HE)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	7 7	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
(c) Total Transfers (add 18(a) and 18(b))  7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶  7. Total Federal Receipts	12000.00	12000.	
(subtract Line 18(c) from Line 19)▶	12000.00	12000.00	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. O (a	perating Expenditures:  i) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tillo I Ollow	Calcinal Tear-to-Date
	(i) Federal Share	0.00	0.00
	(i) I cacial chare		
	(ii) Non-Federal Share	0.00	0.00
(b	,		
/-	Expenditures	0.00	0.00
(C	e) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Т	ransfers to Affiliated/Other Party	0.00	0.00
	ommittees	0.00	0.00
С	ontributions to ederal Candidates/Committees		
	nd Other Political Committees	0.00	0.00
	dependent Expenditures		
(L	se Schedule E)oordinated Party Expenditures	0.00	0.00
(2	2 U.S.C. §441a(d)) ise Schedule F)	0.00	0.00
(L	ise Schedule F)	7 7	0.00
Ιd	pan Repayments Made	0.00	0.00
	Tiopaymonio maao		
	pans Made	0.00	0.00
R (a	efunds of Contributions To:  i) Individuals/Persons Other		
(0	Than Political Committees	0.00	0.00
		0.00	0.00
(b	(	0.00	0.00
(C	c) Other Political Committees (such as PACs)	0.00	0.00
	(Such as FAOS)	0.00	7 7
(c	l) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
0	ther Disbursements	23000.00	23000.00
F	ederal Election Activity (2 U.S.C. §431(20))		
	a) Allocated Federal Election Activity		
(-	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
			0.00
	(ii) "Levin" Share	0.00	0.00
(b	,	0.00	0.00
/-	With Federal Funds  Total Federal Election Activity (add	0.00	0.00
(C	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
	2.1103 00(a)(i), 00(a)(ii) and 00(b))		
To	otal Disbursements (add Lines 21(c), 22,		
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	23000.00	23000.00
			7
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	2222	20222 22
fr	om Line 31)	23000.00	23000.00

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	12000.00	12000.00
1. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12000.00	12000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page

		LINE	PAGE	6	OF	15		
(c	he	ck only						
	X	11a	11b		11c	12	!	
		13	14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHES	SIA P A FEDERAL PAC	
Full Name (Last, First, Middle Initial)  Dr. Terrence Almengual  Mailing Address 4248 Saddlewood Forest Driv	re	Date of Receipt
City	State Zip Code	03 30 2012 Transaction ID : SA11AI.4660
Winston-Salem FEC ID number of contributing	NC 27106	Amount of Each Receipt this Period  600.00
federal political committee.  Name of Employer	Occupation	\$200/MONTHLY
Piedmont Triad Anesthesia, PA Receipt For:	Anesthesiologist	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  Dr. Vincent Castellano III  Mailing Address 5452 Brookberry Farm Road		Date of Receipt
City Winston-Salem	State Zip Code NC 27106	03 30 2012  Transaction ID : SA11AI.4661  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/MONTHLY
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Dr. Simon Chao		Date of Receipt
Mailing Address 1111 Downing Creek Court		03 30 / 2012
City Winston-Salem	State Zip Code NC 27106	Transaction ID : SA11AI.4662  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologists	\$200/MONTHLY
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  600.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1800.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FO	PAGE	7	OF	15			
(ch							
×	11a	11b		11c	12		
	13	14		15	16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC	
Full Name (Last, First, Middle Initial)  Dr. David Colonna  Mailing Address 387 Cedar Trails		Date of Receipt
City	State Zip Code	03 30 2012 Transaction ID : SA11AI.4663
Winston-Salem	NC 27104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	600.00
Name of Employer	Occupation	\$200/MONTHLY
Piedmont Triad Anesthesia, P.A	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  3. Dr. Kumar Dongre  Mailing Address 20425 Staghorn Court		Date of Receipt
City	State Zip Code	03 30 2012 Transaction ID : SA11AI.4664
Cornelius	NC 28031	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	600.00
Name of Employer	Occupation	\$200/MONTHLY
Piedmont Triad Anesthesia, P.A	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial)  Dr. Paolo Flezzani	•	Date of Receipt
Mailing Address 3270 Beroth Road		03 30 2012
City Pfafftown	State Zip Code NC 27040	Transaction ID : SA11AI.4665  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer	Occupation	\$200/MONTHLY
Piedmont Triad Anesthesia, P.A	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	600.00	
SUBTOTAL of Receipts This Page (optional)		1800.00
TOTAL This Period (last page this line number	r only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	LINE	PAGE		8	OF		15			
(check only one)										
X	11a		11b		11c		12			
	13		14		15		16	,		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTH	ESIA P A FEDERAL PAC	
Full Name (Last, First, Middle Initial) Thomas Gendrachi Jr.  Mailing Address 3748 Burbank Lane		Date of Receipt
City Winston-Salem  FEC ID number of contributing federal political committee.  Name of Employer  Piedmont Triad Anesthesia, PA  Receipt For:  □ Primary □ General □ Other (specify) ▼	State Zip Code NC 27106  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  600.00	Transaction ID: SA11AI.4666  Amount of Each Receipt this Period  600.00  \$200/MONTHLY
Full Name (Last, First, Middle Initial)  Dr. Greg Hardie  Mailing Address 1619 Appian Way  City Clemmons  FEC ID number of contributing federal political committee.  Name of Employer Piedmont Triad Anesthesia, PA  Receipt For:  Primary General Other (specify)	State Zip Code NC 27012  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  600.00	Date of Receipt  03 30 2012  Transaction ID: SA11AI.4667  Amount of Each Receipt this Period  600.00  \$200/MONTHLY
Full Name (Last, First, Middle Initial)  Dr. George Hertz  Mailing Address 4232 Lake Cliffe Drive  City Clemmons  FEC ID number of contributing federal political committee.  Name of Employer Piedmont Triad Anesthesia, PA  Receipt For:  Primary General Other (specify)	State Zip Code NC 27012  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  600.00	Date of Receipt  03 30 2012  Transaction ID: SA11AI.4668  Amount of Each Receipt this Period  600.00  \$200/MONTHLY
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1800.00
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE	<b>NUMBER</b>	: PAGE	9 OF	15						
ı	(check only one)										
	<b>X</b> 11a	11b	11c	12							
	13	14	15	16	17						

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC					
Full Name (Last, First, Middle Initial)  Dr. Curtis Johnsrude  Mailing Address 4416 Bent Tree Farm Road	Dr. Curtis Johnsrude					
City	State Zip Code	03 30 2012 Transaction ID : SA11AI.4669				
Winston-Salem FEC ID number of contributing	NC 27106	Amount of Each Receipt this Period 600.00				
federal political committee.  Name of Employer	Occupation	\$200/MONTHLY				
Piedmont Triad Anesthesia, PA Receipt For: Primary General	Anesthesiologist  Aggregate Year-to-Date ▼					
Other (specify) ▼	600.00					
Full Name (Last, First, Middle Initial)  3. Dr. Daniel Kennedy  Mailing Address 4255 Foxbury Court	Dr. Daniel Kennedy					
City	State Zip Code NC 27104	03 30 2012 Transaction ID : SA11AI.4670				
Winston-Salem  FEC ID number of contributing federal political committee.	NC 27104	Amount of Each Receipt this Period  600.00				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/MONTHLY				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00					
Full Name (Last, First, Middle Initial)  Dr. Frederick Alan Koontz		Date of Receipt				
Mailing Address 4246 Allistair Road		03 30 2012				
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4671  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	600.00				
Name of Employer Piedmont Triad Anesthesia, P.A	Occupation Anesthesiologist	\$200/MONTHLY				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00					
SUBTOTAL of Receipts This Page (optional)		1800.00				
TOTAL This Period (last page this line number	r only)					

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	 10	OF		15	
(check only one)											
		X	11a		11b		11c	12			
			13		14		15	16			17

Full Name (Last, First, Middle Initial) Dr. Joseph McConville  Mailing Address 3120 Millhaven Lake Drive  City State Zip Code Winston-Salem NC 27106  FEC ID number of contributing federal political committee.  Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road  City State Zip Code	Date of Receipt  03 30 2012  Transaction ID: SA11AI.4672  Amount of Each Receipt this Period  600.00  \$200/MONTHLY
City Winston-Salem  FEC ID number of contributing federal political committee.  Name of Employer Piedmont Triad Anesthesia, PA Receipt For:  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road	03 30 2012  Transaction ID : SA11AI.4672  Amount of Each Receipt this Period  600.00  \$200/MONTHLY
Winston-Salem  PEC ID number of contributing federal political committee.  Name of Employer  Piedmont Triad Anesthesia, PA  Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial)  Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road	Amount of Each Receipt this Period  600.00  \$200/MONTHLY
FEC ID number of contributing federal political committee.  Name of Employer Piedmont Triad Anesthesia, PA Receipt For:  Primary Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name (Last, First, Middle Initial) Dr. Joseph Middleton Mailing Address 1901 Buena Vista Road	\$200/MONTHLY
Receipt For:  Primary  Other (specify) ▼  General  Other (specify) ▼  General  Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road	\$200/MONTHLY
Piedmont Triad Anesthesia, PA  Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)  Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road	
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  600  Full Name (Last, First, Middle Initial)  Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road	0.00
Receipt For:  Primary  Other (specify) ▼  Aggregate Year-to-Date ▼  600  Full Name (Last, First, Middle Initial)  Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road	0.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road	0.00
Full Name (Last, First, Middle Initial)  Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road	0.00
Dr. Joseph Middleton  Mailing Address 1901 Buena Vista Road	
	Date of Receipt
City State Zin Code	03 30 2012
oldio Zip oode	Transaction ID : SA11AI.4673
Winston-Salem NC 27104	Amount of Each Receipt this Period
FEC ID number of contributing	
federal political committee.	600.00
Name of Employer Occupation	\$200/MONTHLY
Diadment Triad Anasthosis DA	
Receipt For:	
Primary General Aggregate Year-to-Date ▼	
	0.00
Full Name (Last, First, Middle Initial)  Dr. Suresh Penkar	Date of Receipt
Mailing Address 4206 Garden Spring Road	M = M / D = D / Y = Y = Y
City State Zip Code	03 30 2012 Transaction ID : SA11AI.4674
Clemmons NC 27012	Amount of Each Receipt this Period
FEC ID number of contributing	Amount of Lacif Neceipt this Fellou
federal political committee.	600.00
Name of Employer Occupation	\$200/MONTHLY
Piedmont Triad Anesthesia, PA Anesthesiologist	
Receipt For:  Aggregate Year-to-Date ▼	
Primary General  Other (cneeds)	0.00
Other (specify) ▼ 600	
SUBTOTAL of Receipts This Page (optional)	

Use separate schedule(s) for each category of the Detailed Summary Page

I COLL THE HOMBELL					PAGE	1	11	OF		15	
(check only one)											
[	X	11a		11b		11c		12			
		13		14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC					
Full Name (Last, First, Middle Initial)  Charles Derek Reid  Mailing Address 3145 Charperaged Drive	Charles Derek Reid					
Mailing Address 2145 Cherrywood Drive		03 30 2012				
City Clemmons	State Zip Code NC 27012	Transaction ID : SA11AI.4675  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, PA Receipt For:	Occupation Anesthesiologist  Aggregate Year-to-Date ▼	\$200/MONTHLY				
Primary General Other (specify) ▼	600.00					
Full Name (Last, First, Middle Initial)  Dr. Michael Scannell  Mailing Address 2185 Knight Road	Dr. Michael Scannell					
City Kernersville	State Zip Code NC 27284	03 30 2012  Transaction ID : SA11AI.4676  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/MONTHLY				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00					
Full Name (Last, First, Middle Initial)  Dr. Benzion Schkolne		Date of Receipt				
Mailing Address 300 Beechcliff Court		03 30 2012				
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4677  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/MONTHLY				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  600.00					
SUBTOTAL of Receipts This Page (optional)		1800.00				
TOTAL This Period (last page this line numbe	r only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE	. 1	12	OF	15
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	e name and address of any political committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHES	SIA P A FEDERAL PAC				
Full Name (Last, First, Middle Initial)  Dr. Ronald Waterer  Mailing Address 689 Lichfield Drive	Dr. Ronald Waterer				
City	State Zip Code	03 30 2012 Transaction ID : \$A11A1 4678			
Uity Winston-Salem	NC 27104	Transaction ID : SA11AI.4678  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	600.00			
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/MONTHLY			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial)  Dr. Daniel Winters  Mailing Address 4180 Dimholt Court	Date of Receipt				
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4679  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	600.00			
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/MONTHLY			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00				
Full Name (Last, First, Middle Initial)		Date of Receipt			
Mailing Address		M = M / D = D / Y = Y = Y			
City	State Zip Code	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C				
Name of Employer	Occupation				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (optional)		1200.00			
TOTAL This Period (last page this line number	only)	12000.00			

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 OF 15					
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	1.00			
		Detailed Summary Page	21b 27	22 23 24 25 28a 28b 28c X 29	26 30b			
Δ	ny information copied from such Reports and Staten	lents may not be sold or u						
	for commercial purposes, other than using the nam							
	NAME OF COMMITTEE (In Full)							
$ \rangle$	PIEDMONT TRIAD ANESTHESIA	P A FEDERAL PA	С					
$\angle$	Full Name (Last, First, Middle Initial)		1					
Α.	,	N AVII A		Date of Disbursement				
		.,		M = M / D = D / Y = Y = Y				
	Mailing Address 11312 DERBY LANE			03 15 2012				
	City 5	State Zip Code						
	RALEIGH	NC 27613		Transaction ID: SB29.4655				
	Purpose of Disbursement CONTRIBUTION							
	Candidate Name		011	Amount of Each Disbursement this Perio	)d			
	Candidate Name		Category/ Type	2000.00				
	Office Sought:	nent For: 2012	1,900					
	Senate	Primary General						
	President State: NC District: 40	Other (specify) ▼						
_								
В.	Full Name (Last, First, Middle Initial)  CONRAD COMMITTEE FOR NC I	HOUSE		Date of Disbursement				
				M - M / D - D / Y - Y - Y - Y				
	Mailing Address 4004 PEMBERTON COURT			03 14 2012				
	,	State Zip Code		Transaction ID : SB29.4653				
	WINSTON-SALEM Purpose of Disbursement	NC 27106						
	CONTRIBUTION		011	Amount of Each Disbursement this Period	bd			
	Candidate Name		Category/	1000.00	$\neg$			
	Office Sought: N. House	aont For: 0040	Туре	1000.00				
		nent For: 2012 Primary General						
		Other (specify)						
_	State: NC District:	· 						
_	Full Name (Last, First, Middle Initial)							
C.	DR. JIM FULGHUM FOR NC HOU	SE		Date of Disbursement				
	Mailing Address 9660 FALLS OF NEUSE ROAD			03 02 2012				
	SUITE 138, #248							
	,	State Zip Code NC 27615		Transaction ID : SB29.4650				
	Purpose of Disbursement	NC 27615						
	CONTRIBUTION			Amount of Each Disbursement this Period	od			
	Candidate Name		Category/	4000.00	$\neg$			
	Office Sought:	nent For: 2012	Туре	4500.00				
	Senate Disburser	Primary General						
	President	Other (specify)						
	State: NC District: 49							
Γ				7000 00	$\neg$			
	CURTOTAL of Dishurasments This Dags (entional)			7000.00				
Ŀ	SUBTOTAL of Disbursements This Page (optional)		·····		_			
H	TOTAL This Period (last page this line number only)				Ħ			

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 14 OF 15					
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only	I NOMBETT.				
II LIVIIZED DISBUNSEIVIEN IS	for each category of the Detailed Summary Page						
	Detailed Summary Page	27	28a 28b 28c X 29 30b				
Any information copied from such Reports and Stat	ements may not be sold or u	ised by any perso	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
$ \; angle$ PIEDMONT TRIAD ANESTHESIA	A P A FEDERAL PA	С					
V Full Name (Lock First NEUTRAL)		-					
Full Name (Last, First, Middle Initial)			Date of Disbursement				
A. FOLWELL COMMITTEE							
Mailing Address P.O. Box 5424			02 01 2012				
•							
City	State Zip Code		Transaction ID : SB29.4645				
Winston-Salem	NC 27113		11a115aCtiOi1 ID . 3D23.4043				
Purpose of Disbursement CONTRIBUTION		011	Amount of Each Disbursement this Period				
Candidate Name			Amount of Each Dispursement this Period				
Canadato Hamo		Category/ Type	1000.00				
Office Sought:	ement For: 2012	1,750					
Senate	Primary General						
President	Other (specify) ▼						
State: NC District: 74	_						
Full Name (Last, First, Middle Initial)							
B. JERRY C DOCKHAM CAMPAIG	N FUND		Date of Disbursement				
Mailing Address B.O. DOV 007			M = M / D = D / Y = Y = Y				
Mailing Address P.O. BOX 265			03 15 2012				
City	State Zip Code		Transaction ID : SP20 4657				
DENTON	NC 27239		Transaction ID : SB29.4657				
Purpose of Disbursement CONTRIBUTION		244	Amount of Foot Bill				
Candidate Name		011	Amount of Each Disbursement this Period				
Canuluale Ivame		Category/	4000.00				
Office Sought: Y House Disburs	ement For: 2012	Туре					
Senate Set Senate	Primary General						
President	Other (specify) ▼						
State: NC District: 80	· 						
Full Name (Last, First, Middle Initial)							
C. JULIA HOWARD FOR HOUSE C	OMMITTEE		Date of Disbursement				
Matter Address and C. C. III.			M M / D D / Y Y Y Y				
Mailing Address 330 S. Salisbury Street			02 08 2012				
City	State Zip Code						
Mocksville	NC 27028		Transaction ID: SB29.4651				
Purpose of Disbursement CONTRIBUTION							
		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	3000.00				
Office Sought:  House Disburs	ement For: 2012	Туре	555.55				
Office Sought: House Disburs	Primary General						
President	Other (specify)						
State: NC District: 79	_						
SUBTOTAL of Disbursements This Page (optional)			8000.00				
TOTAL This Period (last page this line number only	y)						

### S 17

SCHEDULE B (FEC Form 3X)		FOD : 1115	NUMBER: PAGE 15 OF 15				
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	THE THOMBETT:				
II LIVIIZLU DISBURSEIVIEN IS	for each category of the Detailed Summary Page	21b					
	Detailed Suffilliary Page	27	28a 28b 28c X 29 30b				
Any information copied from such Reports and State							
or for commercial purposes, other than using the nar	ne and address of any politic	al committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
$ \hspace{.05cm} angle$ PIEDMONT TRIAD ANESTHESIA	P A FEDERAL PAC	,					
Full Name (Last, First, Middle Initial)							
A. ROBERT RUCHO COMMITTEE			Date of Disbursement				
Moiling Address COS TRAFAL CAR RI AGE			M M / D D / Y Y Y Y Y				
Mailing Address 305 TRAFALGAR PLACE			01 27 2012				
City	State Zip Code		Transaction ID : SP20 4644				
MATTHEWS	NC 28105		Transaction ID : SB29.4644				
Purpose of Disbursement CONTRIBUTION		011	Amount of Each Disbursement this Period				
Candidate Name			Amount of Each Disbursement this Feriou				
		Category/ Type	2000.00				
Office Sought: House Disburse	ment For: 2012	7.					
X Senate X	Primary General						
State: NC District: 29	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. STAN BINGHAM FOR SENATE			Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address 292 NORTH MAIN STREET			03 15 2012				
City	State Zip Code						
DENTON	NC 27239		Transaction ID: SB29.4658				
Purpose of Disbursement CONTRIBUTION		244					
Candidate Name		011	Amount of Each Disbursement this Period				
Calididate Name		Category/ Type	4000.00				
Office Sought: House Disburse	ment For: 2012	1,700					
X Senate	Primary General						
President	Other (specify) ▼						
State: NC District: 33							
Full Name (Last, First, Middle Initial)  C. THE PAT MCCRORY COMMITTE	F		Date of Disbursement				
THE TAT MODICORT COMMITTE	_		M M / D D / Y Y Y Y				
Mailing Address 1235E EAST BLVD, #179			02 24 2012				
City	State Zip Code						
CHARLOTTE	NC 28210		Transaction ID: SB29.4649				
Purpose of Disbursement CONTRIBUTION							
		011	Amount of Each Disbursement this Period				
Candidate Name		Category/	2000.00				
Office Sought: House Disburse	ment For: 2012	Туре					
Senate	Primary General						
President	Other (specify) ▼						
State: NC District:							
SUPTOTAL of Dishuraemente This Dage (entire)			8000.00				
SUBTOTAL of Disbursements This Page (optional)		·····					
TOTAL This Period (last page this line number only	)		23000.00				